

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 20		FILED IN THE OFFICE OF CITY CLERK ON 29 Date Received DAY OF July 2010 AT 4:40 PM Yvonne Spence DEPUTY CITY CLERK	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		
		Mike			
	NICKNAME	LAST	SUFFIX		
		Martinez			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Date Hand-delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged	
5 ORIGINAL PERIOD COVERED	Month 04 / Day 30 / Year 2009	THROUGH	Month 06 / Day 30 / Year 2009		

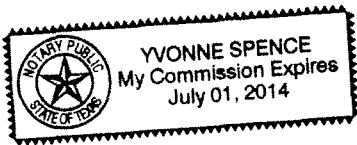
6 EXPLANATION OF CORRECTION

This amended report contains the following corrections:
--changed the Treasurer's address to a street address.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

M. Martinez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Mike Martinez this the 29th day of July, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Yvonne Spence Yvonne Spence Notary

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000078		2 PAGE # 1 of 19	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mike		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount		
	NICKNAME LAST SUFFIX Martinez				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 301 W. 2nd St. 2nd Floor Austin, TX 78701				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Janis		Date Processed Date Imaged		
	NICKNAME LAST SUFFIX Pinnelli				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2001 Exposition Blvd Austin, TX 78703				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 478-7816				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04/30/2009 06/30/2009				
10 ELECTION	ELECTION DATE Month Day Year 05/10/2009		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) City Council, Place 2		12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..				
	Name				
	Address/PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME** Martinez, Mike**15 ACCOUNT #** (Ethics Commission filers)
00000078**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****17 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

207.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

10,012.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

250.68

4. TOTAL POLITICAL EXPENDITURES

\$

33,915.98

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

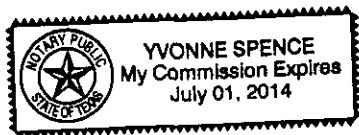
\$

24,525.01

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike Martinez, this the 29th day of July, 2010, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/8 Report: 3/19	
2 FILER NAME Martinez, Mike		3 ACCOUNT # (Ethics Commission filers) 00000078	
4 Date 05/07/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blanton, Tom 6 Contributor address; City; State; Zip Code P.O. Box 1028 1108 Lavaca Austin, TX 78767	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Legislative Affairs		10 Employer (See Instructions) Texas Automobile Dealers Associatio	
Date 05/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blatt, Jeff & Liz Contributor address; City; State; Zip Code 3801 Agape Lane Austin, TX 78735	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President / President		Employer (See Instructions) Lakequest Enterprises / Sublime Interiors	
Date 05/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bollinger, Steven Contributor address; City; State; Zip Code 4201 Monterey Oaks Blvd. #18 Austin, TX 78749	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Hotze Runkle PLLC	
Date 05/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Sabrina Contributor address; City; State; Zip Code 2603 Wooldridge Drive Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date 05/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burgdorf, Barry Contributor address; City; State; Zip Code 5902 Sedgefield Dr. Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/8 Report: 4/19

2 FILER NAME Martinez, Mike

3 ACCOUNT # (Ethics Commission filers)

00000078

4 Date

05/05/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Caraway, Tharon

6 Contributor address; City; State; Zip Code
12342 Hunter Chase Dr
Apt. 2418
Austin, TX 78729

7 Amount of
contribution (\$)

\$320.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Client Relations

10 Employer (See Instructions)
Hotze Runkle PLLC

Date

05/08/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Curry, Mark

Contributor address; City; State; Zip Code
4000 Table Rock
Austin, TX 78731

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/07/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dan Shelley Attorney at Law

Contributor address; City; State; Zip Code
305 W. 13th St.
Austin, TX 78701

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date

05/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Daniel, Katrina

Contributor address; City; State; Zip Code
600 Wilmes Drive
Austin, TX 78752

Amount of
contribution (\$)

\$60.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/07/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Duggins, David

Contributor address; City; State; Zip Code
9200 MC Means Trail
Austin, TX 78737

Amount of
contribution (\$)

\$75.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/8 Report: 5/19	
2 FILER NAME Martinez, Mike		3 ACCOUNT # (Ethics Commission filers) 00000078	
4 Date 05/07/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hackney, Clint 6 Contributor address; City; State; Zip Code P.O. Box 163164 Austin, TX 78716	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Ford & Ferraro	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hahn, Jeffrey Contributor address; City; State; Zip Code 6700 Hot Springs Dr. Austin, TX 78749	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harward, Heather Contributor address; City; State; Zip Code 6800 Austin Center Blvd. Unit 851 Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henson, James Contributor address; City; State; Zip Code 905 W. Elizabeth St. Austin, TX 78704	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Higgins, Michael Contributor address; City; State; Zip Code 7901 Taranto Dr. Austin, TX 78729	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) requested	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/8 Report: 6/19

2 FILER NAME Martinez, Mike

3 ACCOUNT # (Ethics Commission filers)

00000078

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Hornaday, Walter & Raina

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

05/09/2009

6 Contributor address; City; State; Zip Code
908 West 18th St.
Austin, TX 78701

\$700.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Generation Operator / Generation Operator

10 Employer (See Instructions)
Cielo Wind Services / Cielo Wind Services

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kelly, Susan

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/07/2009

Contributor address; City; State; Zip Code
13401 Galleria Circle
307
Austin, TX 78738

\$300.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
requested

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Knight, James & Alexa

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/06/2009

Contributor address; City; State; Zip Code
400 Las Lomas Dr.
Austin, TX 78746

\$700.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Principal / none

Employer (See Instructions)
Bury & Partners / none

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lee, Jesse & Barbara

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/01/2009

Contributor address; City; State; Zip Code
54 Rainey St.
No. 1001
Austin, TX 78701

\$700.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
CFO / Director of Accounting

Employer (See Instructions)
Origin Homes / Roscoe Properties

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lee, Randy

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/07/2009

Contributor address; City; State; Zip Code
P.O. Box 1806
Austin, TX 78767

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/8 Report: 7/19

2 FILER NAME Martinez, Mike

3 ACCOUNT # (Ethics Commission filers)

00000078

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Lydon, James

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

05/01/2009

6 Contributor address; City; State; Zip Code
9931 Barbrook Drive
Austin, TX 78726

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Midence, Yuniedth

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/07/2009

Contributor address; City; State; Zip Code
617 Furlong
Austin, TX 78746

\$125.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Murray, Ginger

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/07/2009

Contributor address; City; State; Zip Code
4424 Gaines Ranch Loop
Apt. 511
Austin, TX 78735

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pacheco, Brian

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/07/2009

Contributor address; City; State; Zip Code
303 West Fifth St.
Austin, TX 78701

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pedersen, Craig

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/01/2009

Contributor address; City; State; Zip Code
4703 Trail Crest Circle
Austin, TX 78735

\$200.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Vice President - Water Resources - Texas

Employer (See Instructions)
URS

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/8 Report: 8/19

2 FILER NAME Martinez, Mike

3 ACCOUNT # (Ethics Commission filers)

00000078

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Perez, Robert

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

05/05/2009

6 Contributor address; City; State; Zip Code
600 Navarro Ste. 500
San Antonio, TX 78205

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rieck, Peter

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/09/2009

Contributor address; City; State; Zip Code
6805 Vallecito Dr.
Austin, TX 78759

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Peter Rieck, Assoc. AIA

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rodriguez, Jennifer Shelley

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/07/2009

Contributor address; City; State; Zip Code
485 Nicholas Lane
Driftwood, TX 78619

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rodriguez, Marc

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/06/2009

Contributor address; City; State; Zip Code
1122 Colorado St., Ste. 2399
Austin, TX 78701

\$300.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Government Affairs

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Saenz Public Affairs

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/07/2009

Contributor address; City; State; Zip Code
2407 Coral Ridge Cir
Austin, TX 78747

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/8 Report: 9/19

2 FILER NAME Martinez, Mike

3 ACCOUNT # (Ethics Commission filers)
00000078

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
San Antonio Firefighters PAC

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

05/09/2009

6 Contributor address; City; State; Zip Code
P.O. Box 5100
San Antonio, TX 78201

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Shanklin, John Carter

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/01/2009

Contributor address; City; State; Zip Code
3503B Bridle Path
Austin, TX 78703

\$350.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Property Management

Employer (See Instructions)
Jacaranda Investments

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stanford, Blake

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/07/2009

Contributor address; City; State; Zip Code
4906 Tortuga Place
Austin, TX 78731

\$200.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President/CEO

Employer (See Instructions)
Southwest Human Development Services

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Strmiska, Gregory & Christi

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/30/2009

Contributor address; City; State; Zip Code
8947 Wimberly Cove
Austin, TX 78735

\$700.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Engineer / none

Employer (See Instructions)
Bury & Partners / none

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
The Law Office of Shane Boasberg

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

05/07/2009

Contributor address; City; State; Zip Code
106 E. 6th St.
Ste. 900
Austin, TX 78704

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/8 Report: 10/19

2 FILER NAME Martinez, Mike

3 ACCOUNT # (Ethics Commission filers)
00000078

4 Date

05/07/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Turrieta, Gilbert

6 Contributor address; City; State; Zip Code
1122 Colorado, Ste 222
Austin, TX 78701

7 Amount of
contribution (\$) \$100.00

8 In-kind contribution
description (if applicable)
Event Expense

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Warth, Dan

05/01/2009

Contributor address; City; State; Zip Code
2716 Rio Mesa Dr.
Austin, TX 78732

Amount of
contribution (\$) \$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Senior Project Manager

Employer (See Instructions)
URS

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Yarbrough, Brian

05/07/2009

Contributor address; City; State; Zip Code
3201 Highland Terrace W
Austin, TX 78731

Amount of
contribution (\$) \$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Erben & Yarbrough

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/9 Report: 11/19		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 05/18/2009		5 Payee name Austin Chronicle			
6 Amount (\$) \$1,370.00		7 Payee address City; State; Zip Code P.O. Box 49066 Austin, TX 78765			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/18/2009		Payee name Austin Chronicle			
Amount (\$) \$1,370.00		Payee address City; State; Zip Code P.O. Box 49066 Austin, TX 78765			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/15/2009		Payee name Avis, Eric			
Amount (\$) \$1,500.00		Payee address City; State; Zip Code 360 Nueces St., Unit 2304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/30/2009		Payee name Black Austin Democrats			
Amount (\$) \$60.00		Payee address City; State; Zip Code P.O. Box 6276 Austin, TX 78762			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/9 Report: 12/19		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 05/15/2009		5 Payee name Butts, David			
6 Amount (\$) \$1,000.00		7 Payee address City: State: Zip Code 1914 Patton Lane Austin, TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/07/2009		Payee name Dandy Idea			
Amount (\$) \$1,500.00		Payee address City: State: Zip Code P.O. Box 302965 Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphic Design	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/28/2009		Payee name Everhart, Amy			
Amount (\$) \$3,500.00		Payee address City: State: Zip Code 600 Bouldin Ave. Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/09/2009		Payee name Facebook Advertising			
Amount (\$) \$116.43		Payee address City: State: Zip Code 156 University Ave. Palo Alto, CA 94301			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/9 Report: 13/19		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 05/08/2009		5 Payee name Fedex Kinkos			
6 Amount (\$) \$64.95		7 Payee address City; State; Zip Code 327 Congress #100 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/30/2009		Payee name Futuro Fund			
Amount (\$) \$1,500.00		Payee address City; State; Zip Code 4315 Guadalupe, suite 300 Austin, TX 78751			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> charitable donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/26/2009		Payee name Garrett, Philip			
Amount (\$) \$74.00		Payee address City; State; Zip Code 5503 B. Cork Path Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/15/2009		Payee name Hall, Tiffany			
Amount (\$) \$96.00		Payee address City; State; Zip Code 1303 East Cesar Chavez Apt. A Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/9 Report: 14/19		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 05/01/2009		5 Payee name Harry, Susan			
6 Amount (\$) \$1,500.00		7 Payee address City: State: Zip Code 2520 Longview, Ste. 211 Austin, TX 78705			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Finance consulting services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/09/2009		Payee name Hills Café			
Amount (\$) \$212.33		Payee address City: State: Zip Code 4700 S. Congress Austin, TX 78727			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election night party	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/09/2009		Payee name Hills Café			
Amount (\$) \$883.75		Payee address City: State: Zip Code 4700 S. Congress Austin, TX 78727			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election night party	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/01/2009		Payee name Jimenez, Arthur			
Amount (\$) \$160.00		Payee address City: State: Zip Code 1112 Henninger Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/9 Report: 15/19		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 05/05/2009		5 Payee name Kelly Graphics			
6 Amount (\$) \$6,390.71		7 Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing & mailing services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/12/2009		Payee name Livaudais, Shelley			
Amount (\$) \$400.00		Payee address City; State; Zip Code 10604 Chestnut Ridge Rd. Austin, TX 78726			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/15/2009		Payee name Mason, Mary			
Amount (\$) \$240.00		Payee address City; State; Zip Code 2802 Whitis Ave. Apt. 106 Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/08/2009		Payee name Middleton, Jim			
Amount (\$) \$150.00		Payee address City; State; Zip Code requested TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event entertainment	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/9 Report: 16/19		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 05/26/2009		5 Payee name Miner, Ashley			
6 Amount (\$) \$84.00		7 Payee address City; State; Zip Code 8600 RR 620 N. #2925 Austin, TX 78729			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/30/2009		Payee name Nokoa			
Amount (\$) \$300.00		Payee address City; State; Zip Code P.O. Box 1131 Austin, TX 78767			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/10/2009		Payee name Paypal			
Amount (\$) \$52.85		Payee address City; State; Zip Code P.O. Box 7027 Mountain View, CA 94039			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/20/2009		Payee name People Calling People			
Amount (\$) \$1,570.20		Payee address City; State; Zip Code 3948 Legacy Dr. Ste. 106, PMB 272 Plano, TX 75023			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Robocall	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/9 Report: 17/19		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 05/20/2009		5 Payee name Ranes, Jim			
6 Amount (\$) \$369.90		7 Payee address City; State; Zip Code 1501 Barton Springs Rd. #233 Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphic Design	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/26/2009		Payee name Rybbidi, Deborah			
Amount (\$) \$84.00		Payee address City; State; Zip Code 8600 RR 620 N. #2925 Austin, TX 78729			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/08/2009		Payee name Todd Phelps Band			
Amount (\$) \$1,500.00		Payee address City; State; Zip Code requested TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event entertainment	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/05/2009		Payee name Travis, Rachel			
Amount (\$) \$1,165.00		Payee address City; State; Zip Code requested			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> blockwalking	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/9 Report: 18/19		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 06/30/2009		5 Payee name Travis County Democratic Party			
6 Amount (\$) \$120.00		7 Payee address City; State; Zip Code 1311-B East 6th St. Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/11/2009		Payee name Vertical Response			
Amount (\$) \$67.18		Payee address City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94017			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email list management	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/14/2009		Payee name Williams, Clayton & Modesta			
Amount (\$) \$700.00		Payee address City; State; Zip Code 6 Desta Drive, Ste. 6500 Midland, TX 79705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Refund of Contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/15/2009		Payee name Williamson, Laura			
Amount (\$) \$2,000.00		Payee address City; State; Zip Code 12417 Audane Dr. Austin, TX 78727			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Manager Salary	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
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Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/9 Report: 19/19		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 05/28/2009		5 Payee name Williamson, Laura			
6 Amount (\$) \$3,500.00		7 Payee address City; State; Zip Code 12417 Audane Dr. Austin, TX 78727			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Manager Salary	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/15/2009		Payee name Woody, Thaddeus			
Amount (\$) \$64.00		Payee address City; State; Zip Code 702 W. 25th St. Apt. 301 Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held: